Division of Behavioral Health Services and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 2015

Douglas A. Ducey, Governor

Cara M. Christ, MD, Director
Arizona Department of Health Services

Margery Ault, Interim Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

Aaron Bowen, Psy.D., Deputy Director/CEO
Arizona Department of Health Services
Arizona State Hospital

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Arizona Department of Health Services
150 North 18th Avenue
Phoenix Arizona 85007
(602) 364-4558

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DIVISION OF BEHAVIORAL HEALTH SERVICES

PROGRAMMATIC AND FINANCIAL REPORT

Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submits the following programmatic and financial Annual Report for fiscal year 2015, in compliance with Arizona Revised Statute (ARS) §36-3405(a)(b) and (c). The report identifies the number of clients served by Geographic Service Area (GSA), funding category and program; and includes programmatic financial reports of revenues, expenditures and administrative costs.

ADHS/DBHS received a total of $1,984,559,696 in funding for Fiscal Year (FY) 2015. ADHS/DBHS' statewide service costs totaled $1,916,617,855 and administrative costs totaled $23,909,742. The following information identifies ADHS/DBHS' revenues and expenditures, including specific identification of administrative costs for each behavioral health program, by the following categories:

1. The Seriously Mentally Ill;
2. Alcohol and Drug Abuse;
3. Severely Emotionally Handicapped Children;
4. Domestic Violence; and
5. The Arizona State Hospital.

Revenues and Expenditures

Tables 1 through 4, provide ADHS/DBHS' FY2015 annual revenues and expenditures. Revenue tables are compiled and categorized based on legislative appropriations, federal grant awards, and intergovernmental agreements which in some cases may not agree with categories as specified in ARS § 36-3405(B).

ADHS/DBHS does not categorize members and services for domestic violence; therefore, this category is not itemized in the report. Attachment A provides detailed information on the Arizona State Hospital.

Table 1: Statewide Revenue by Program FY 2015

Statewide Revenue by Program FY 2015		
Funding	**Amount Received**	**Percentage**
Title XIX Children	502,061,055	25.30%
TXXI Children	871,651	0.04%
TXIX SMI Non Integrated	305,236,782	15.38%
TXIX SMI Integrated Acute	116,151,305	5.85%
TXIX SMI Integrated Behavioral	411,809,174	20.75%
Non TXIX SMI/Other (1)	95,488,000	4.81%
TXXI SMI	90,579	0.01%
TXIX GMH/SA	407,081,172	20.51%
Housing	7,324,800	.37%
Federal Grants (2)	43,228,344	2.18%
ISA/IGA	55,773,476	2.81%
Administration	25,342,658	1.28%
Clawback	14,100,700	.71%
Total	1,984,559,696	100.00%

(1) Other Includes: Crisis & Mental Health First Aid
(2) Funding for Federal Grants includes funding for administration

Table 2: Total ADHS/DBHS Services and Administration Expenditures

Total Behavioral Health Services Expenditures Services & Administration FY 2015		
Funding	**Amount Paid**	**Percentage**
Title XIX	1,118,498,215	57.64%
Title XIX Proposition 204	605,841,933	31.22%
Title XXI	1,744,168	0.09%
Federal Funds	44,219,499	2.28%
Non Title XIX/XXI Funds General Funds	111,716,922	5.76%
County Funds	56,731,894	2.92%
Senate Bill 1616	822,498	0.04%
Other (1)	952,468	0.05%
Total	1,940,527,597	100.00%

(1) Other Includes: PASRR, Bridge Subsidy, Indirect Funds, Liquor Fees & City of Phoenix

Table 3: Administrative Expenditures

Administrative Expenditures FY 2015		
Funding	**Amount Paid**	**Percentage**
Title XIX	**13,929,428**	**58.26%**
Title XIX Proposition 204	**5,622,454**	**23.52%**
Title XXI	**80,879**	**0.34%**
Federal Funds	**2,122,399**	**8.88%**
Non Title XIX/XXI Funds General Funds	**741,961**	**3.10%**
County Funds	**1,258,012**	**5.26%**
Other (1)	**154,609**	**0.64%**
Total	**23,909,742**	**100.00%**
(1) Other Includes PASRR & Indirect Funds		

Source Data: Accounting Event Data Warehouse

Table 4: Statewide Expenditures by Program

Statewide Expenditures by Program FY 2015		
Funding	Amount Paid	Percentage
Title XIX Children	472,082,935	24.63%
Non TXIX Children	8,315,159	0.43%
TXXI Children	1,446,594	.08%
TXIX SMI Non Integrated	308,560,513	16.10%
TXIX SMI Integrated Acute	116,850,745	6.10%
TXIX SMI Integrated Behavioral	414,289,003	21.61%
Non TXIX SMI	148,959,582	7.77%
TXXI SMI	216,694	0.01%
TXIX GMH/SA	393,005,070	20.51%
Non TXIX GMH/SA	21,747,100	1.13%
Crisis	22,400,534	1.17%
Non TXIX Prevention	8,680,051	0.45%
Other Programs (1)	63,875	0.01%
Total	1,916,617,855	100.00%
(1) Other Includes Liquor Fees		

Source Data: Accounting Event Data Warehouse

During FY 2015, behavioral health recipients received behavioral health services as depicted in the following tables: Table 5 provides information on the number of ADHS/BHS clients enrolled during SFY15 and Table 6 provides information on the number of clients who were served under the following assumptions:

1. Client eligibility is broken out into TXIX/TXXI and Non-TXIX.
2. Client behavioral health category is to be broken out into Seriously Mentally Ill (SMI), Substance Abuse (SA), General Mental Health (GMH), Serious Emotional Disturbed Children (SED) and Children (CHILD).
3. Children and SED are less than 18 years of age. Adults with behavioral health category SMI, SA, and GMH are 18 years of age or older.
4. "Served" in this report means that the client had at least one encounter in FY 2015. The number of enrolled members differs from the number of members served because (a) certain services cannot be encountered, such as prevention services (b) persons do not need to be enrolled to receive certain kinds of services such as crisis phone services, and (c) some enrolled members did not present for any services during the time period.
5. Non-Title 19/21 records use all encounter records.
6. Encounters for T19/T21 consumers were included only if they have been approved at AHCCCS (Encounter-Status = "AP") or it was a Non-T19 encounter service code.

Table 5: ADHS/DBHS Clients Enrolled in FY 2015

Clients Enrolled in FY 2015		
Eligibility	**BHC**	**Count**
TXIX/TXXI	**CHILD**	**68,958**
	GMH/SA	**134,814**
	SED	**13,701**
	SMI	**42,046**
	Total	**259,519**
NON-TXIX	**CHILD**	**3,139**
	GMH/SA	**25,153**
	SED	**204**
	SMI	**5,161**
	Total	**33,657**
All Eligibilities	**CHILD**	**72,097**
	GMH/SA	**159,967**
	SED	**13,905**
	SMI	**47,207**
	Total	**293,176**

1 All data sources are effective as of month-end October 2015 (unless otherwise noted)

Table 6: ADHS/DBHS Clients Served in FY 2015

Clients Served in FY 2015		
Note: The term "served" defined as clients that had at least one encounter in FY 2015		
Eligibility	**BHC**	**Count**
TXIX/TXXI*	**CHILD**	**62,045**
	GMH	**118,826**
	SED	**13,301**
	SMI	**40,819**
	Total	**234,991**
NON-TXIX**	**CHILD**	**2,823**
	GMH	**22,646**
	SED	**178**
	SMI	**5,008**
	Total	**30,655**
All Eligibilities	**CHILD**	**64,868**
	GMH	**141,472**
	SED	**13,479**
	SMI	**45,827**
	Total	**265,646**

*Title 19/21 encounters were included only if they have been approved at AHCCCS (Encounter-Status = "AP") or it was a Non-19 encounter service code.

**Non-Title 19/21 records use all encounter records.

1 All data sources are effective as of month-end October 2015 (unless otherwise noted).

2

BHSD.QM_ENRL_SRVD_SFY2015

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H74CIS.78_SNAP_CLIENTS_COMMON

3

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H78DWH.H78_5010_SNAP_HCFA_ENC

H78DWH.H78_5010_SNAP_UB_ENC

H78DWH.H78_5010_SNAP_NCPDP_ENC

Notes:

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ARIZONA STATE HOSPITAL

Vision & Mission Statements

The Arizona State Hospital (ASH) is part of the Arizona Department of Health Services (ADHS). The Department of Health Services has the following Vision and Mission Statements:

- **Vision:** Health and Wellness for all Arizonans
- **Mission:** To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

ADHS is currently in the process of rebranding, and a new logo is expected within the first quarter of fiscal year 2016. ASH will follow suit with a logo redesign. Also, new vision and mission statements have been developed by leadership. The following statements will become effective once a new logo is selected:

- **Vision:** Quality, Compassion, and Excellence in the Provision of Care
- **Mission:** Provide evidence-based, recovery-oriented, and trauma-informed care to the individuals receiving care at Arizona State Hospital in order to facilitate their successful transition to the lease restrictive alternative possible.

Description of the Arizona State Hospital (ASH)

ASH is located on a 93-acre campus at 24th Street and Van Buren, in Phoenix, Arizona. ASH provides long-term inpatient psychiatric care to Arizonans with serious mental illness. The facility operates programs within a 260-bed funded facility, is accredited by the Joint Commission, and the Civil Hospital is certified to receive reimbursement from the Centers for Medicare and Medicaid Services (CMS). Also located on the campus is the Arizona Community Protection and Treatment Center (ACPTC). The ACPTC is a 100-bed funded facility that provides care, supervision and treatment for those persons court-ordered into the program as sexually violent persons.

Authorized by A.R.S. § 36-201 through 36-207, ASH is required to provide inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. ASH strives to protect the rights and privileges of each patient, particularly the patients' right to confidentiality and privacy.

Treatment at ASH is considered "the highest and most restrictive" level of care in the state. Patients are admitted as a result of an inability to be maintained in a community facility or due to their legal status. Hospital personnel endeavor to provide state-of-the-art inpatient psychiatric care and are committed to treating patients and personnel with dignity and respect. Interdisciplinary care is delivered in collaboration with the patient, family, legal representatives and community providers with a focus on recovery and community reintegration.

Leadership

Leadership is the key to developing and maintaining a culture of change. New ideas and perspectives are important in creating an environment for change. Overall governance for ASH is provided by the ASH *Governing Body*. The Director of the ADHS chairs this committee. The Governing Body consists of the Director of ADHS, a representative from the ADHS Central Budget Office, an ASH Physician, Community Representatives (including family and consumers), the ASH Chief Executive Officer (Superintendent), the ASH Chief Medical Officer, a Consumer Advocate (Legal System), and a Mental Health Provider (Psychiatrist or Psychologist).

ASH receives overall direction from the Chief Executive Officer, who reports to the Director of ADHS. The CEO directs the various leaders of ASH, who comprise the Executive Management Team (EMT). The Executive Management Team oversees hospital operations, establishes administrative policies and procedures and directs ASH planning activities. The members of EMT are:

- Aaron Bowen, Psy.D., Chief Executive Officer
- Steven Dingle, M.S, M.D., Chief Medical Officer
- Ryan Hoffmeyer, M.B.A, Chief Operating Officer
- Debra Taylor, R.N., Chief Nursing Officer
- Tiffany Williams, RN-BC, CPHQ, Chief Quality Officer
- Margaret McLaughlin, M.S., Chief Compliance Officer
- Shanda Payne, L.M.S.W, ACPTC Director
- Levada Coker, Human Resources Manager
- Larry Diffie, Campus Support and Safety Manager

The Chief Medical Officer (CMO) is responsible for managing the following services: Psychiatric Providers, contracted medical doctors, contracted laboratory, pharmacy, psychology, social work, and rehabilitation services such as occupational therapy, recreational therapy and psychosocial rehabilitation.

The Chief Operating Officer (COO) is responsible for managing financial and administrative support services, facilities management, dietary services, managing the environment of care, promoting the wellness and safety of the patients and staff and management of environmental and housekeeping services.

The Chief Quality Officer (CQO) is responsible for maintaining the hospital-wide quality management program including: quality assurance and performance improvement activities, data analytics, staff training, and special investigations.

The Chief Compliance Officer (CCO) is responsible for hospital-wide compliance with the Centers for Medicaid and Medicare (CMS) Services regulations, Arizona State Rules and The

Joint Commission standards; development of policies and procedures; grievances and appeals, and health records.

The Chief Nursing Officer (CNO) oversees and assures the provision of quality psychiatric and medical nursing services for patients and coordination of nursing care based on individual patient needs.

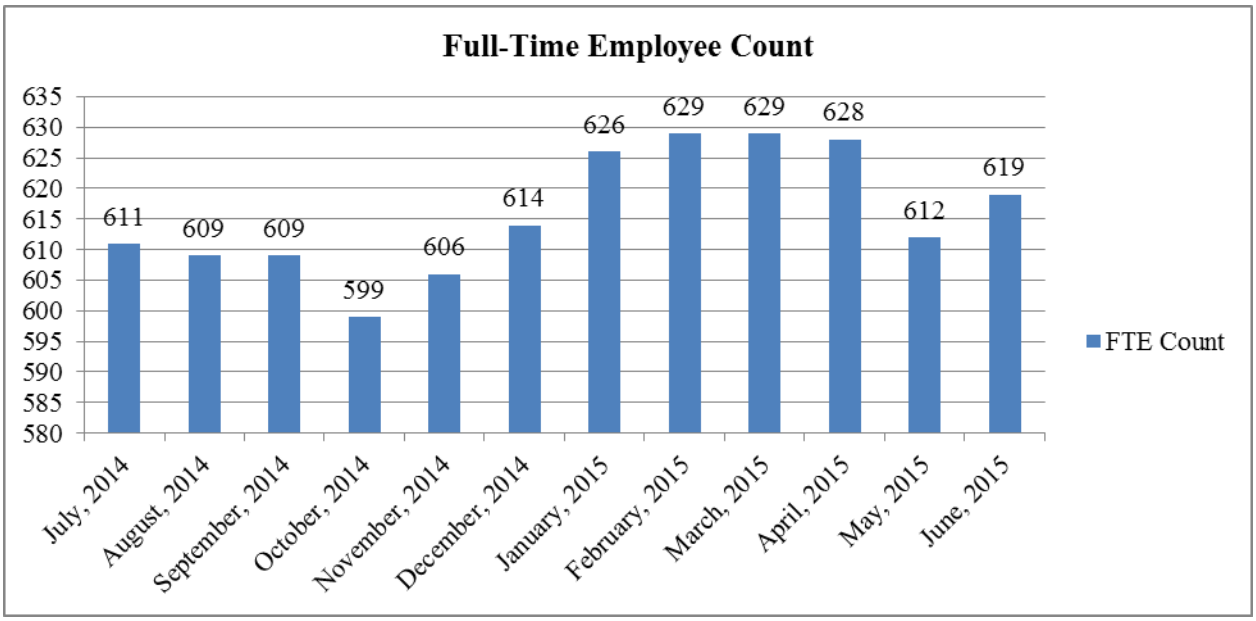
The Campus Support and Safety Manager is responsible for overall monitoring and safety duties of the hospital.

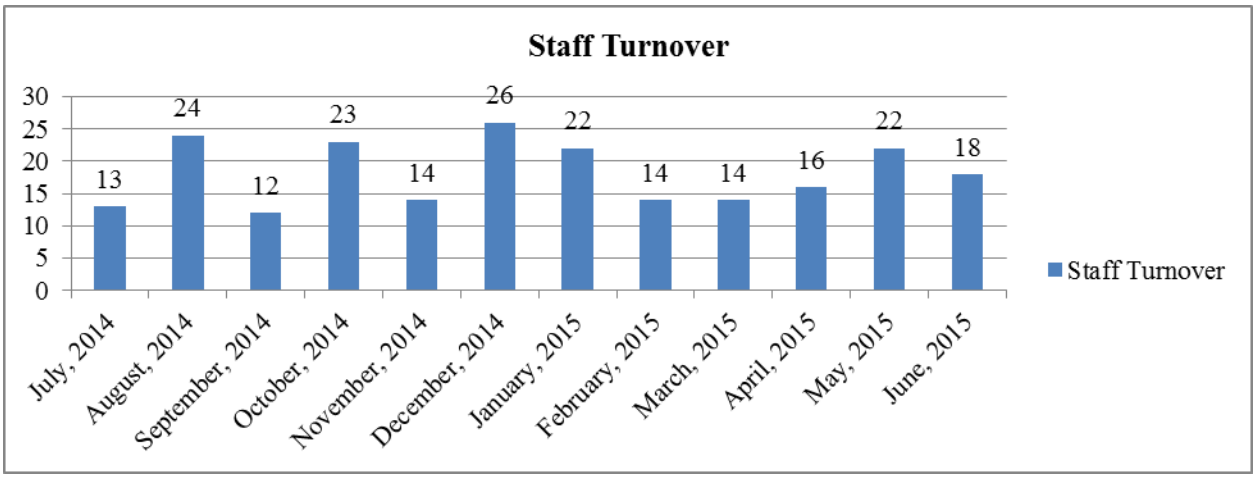
The Human Resources Manager is responsible for compensation and benefits, employee relations, recruitment and retention.

The Director of ACPTC is responsible for managing the day-to-day clinical and administrative operations for the Sexually Violent Persons Program.

Personnel

Data on Full-Time Employees (FTEs) for fiscal year 2015 is presented below. This information was taken from the last payroll record of each month for the entire fiscal year. Employee turnover per month is also provided below.





Hospital Program Overview

ASH has three (3) separate components: The Civil Hospital, Forensic Hospital and the ACPTC. Civil adult patients are involuntarily court ordered to ASH if they have not responded to a minimum of 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue. ASH has three Population-Based Programs. Patients are housed separately in accordance with legal, treatment and/or security issues as follows:

Civil Adult Rehabilitation Program (116 beds) consists of six (6) treatment units specializing in providing services to adults who are civilly committed as a danger to self, danger to others, gravely disabled and/or persistently and acutely disabled, who have completed a mandatory 25 days of treatment in a community inpatient setting prior to admission. Medical beds are also available.

Forensic Adult Program (143 beds) consists of court-ordered commitments through a criminal process for either:

- *Pre-Trial Restoration to Competence Program ("RTC")*: These patients are currently housed on one unit providing pre-trial evaluation, treatment, and restoration to competency to stand trial.

- *Post-Trial Forensic Program:* These patients are adjudicated as Guilty Except Insane ("GEI") serving determinate sentences under the jurisdiction of the Psychiatric Security Review Board (PSRB), or for those adjudicated prior to 1994 as Not Guilty by Reason of Insanity ("NGRI"). These patients are currently housed on five separate units.

- *Community Reintegration Program:* These patients are adjudicated as either NGRI or GEI with a Conditional Release Plan approved by the PSRB for transition into the community.

Arizona Community Protection and Treatment Center (ACPTC) (100 beds)
On the grounds of ASH is the Arizona Community Protection and Treatment Center (ACPTC). The ACPTC is statutorily mandated (ARS §36-3701, §13-4601 - §13-4618). It is a separately licensed facility of ASH. ASH is responsible for the oversight and management of the facility. ACPTC provides care, supervision and treatment for those persons court-ordered into the program while protecting the community from sexually violent offenders. There are several types of residents at ACPTC:

- *Pre-Trial Detainee Residents*: Pre-trial residents are awaiting a court decision to determine their sexually violent person (SVP) status.

- *Treatment Resident (Full Confinement)*: Residents in this program have been adjudicated as SVP pursuant to A.R.S. §36-3701-3717 and have been committed to treatment. Full confinement residents can only leave the grounds for court-ordered legal proceedings and medical appointments during this phase of treatment.

- *Less Restrictive Alternative (LRA)*: "Less restrictive alternative" means court ordered treatment in a setting that is less restrictive than total confinement and that is conducted in a setting approved by the CEO of ASH. LRA residents are conditionally released to begin community reintegration activities. Residents in LRA are monitored via Global Position System (GPS) satellite.

- *LRA Level 6 Resident*: Residents are ready for community living placement. Only the court can order a resident to Level 6 status. Once the court orders a resident into Community Based Living (LRA Level 6), the resident is expected to find suitable housing and employment and begin community reintegration under strict supervision by ACPTC.

Admission, Discharge, & Census Data for Treatment Programs

In fiscal year 2015, ASH encountered 55 admissions and 79 discharges, as detailed below:

Admissions and Discharges - FY 2015		
Type	**Admissions**	**Discharges**
Civil	17	39
Forensic (RTC)	10	9
Forensic (GEI)	19	19
Forensic (GEI-75)	8	10
Forensic (NGRI)	0	1
Forensic (Other)*	1	1
ACPTC (Pre-Trial)	11	15
ACPTC (Treatment)	5	2

**ASH had a same day admission and discharge for a patient admitted under Title 31-226F Petition for Transfer*

ASH collects census data by population to meet the maximum funded capacity. For fiscal year 2015, the funded capacity and allocation of ASH's beds was as follows. The funded capacity of fiscal year 2014 was the same (260 beds).

Funded Hospital Capacity - FY 2015	
Type	**Number**
Total Hospital Beds	260
Forensic (Adult)	143 (58%)
Civil (Adult)	116 (42%)
Civil (Medical bed for Infection Control)	1

Funded ACPTC Capacity - FY 2015	
Type	**Number**
Total ACPTC Beds	100

The average daily census for fiscal year 2015 was **242.63**. The average daily census distribution was as follows:

Average Daily Hospital Census and Distribution - FY 2015	
Civil	111
Forensic (RTC)	3
Forensic (GEI)	103
Forensic (GEI-75)	1
Forensic (NGRI)	13

Average Daily ACPTC Census and Distribution - FY 2015	
ACPTC (Pre-Trial)	12
ACPTC (Treatment – Full Confinement)	18
ACPTC (Least Restrictive Alternative)	72

Hospital-wide Operational & Environmental Improvements

ASH is continuously striving to create a safe and secure environment of care for the patients and staff alike, as well as providing more technology to assist in the delivery of care for our staff. The following are improvements for the past year:

- ASH went live with an EHR (Electronic Health Record) replacement (MyAvatar from Netsmart) and a new Pharmacy application (Rx Connect). These applications contain functionality to meet the more stringent CMS and Joint Commission requirements. These upgrades replaced both the legacy EHR from 2004 that ran on an outdated Windows XP platform and the legacy free-standing Pharmacy application. The new applications run on Windows 7 and are housed in a remote hosting center that provides the latest security patches and Windows upgrades and ensures Disaster Recovery support. The new applications include the following functionality:

1) Provides integration among the EHR, Pharmacy, and the electronic medication administration record (eMAR). This provides a "closed loop" where a provider places a medication order and the order goes directly to the pharmacy for verification and also to the eMAR for nursing to administer the medication.
2) Previously, orders would print in the Pharmacy and then need to be re-entered by Pharmacy staff into the Pharmacy system. This created more opportunities for medication errors due to additional manual entry of orders.
3) Previously, nursing staff on the floors kept up a hand written Medication Administration Record. Now the medication administration record is electronic and is fully integrated with both the physician orders and the pharmacy system and allergy checking.

- Current EHR projects include electronic lab orders and results interfaces and referrals interfacing with Maricopa Medical Center (one of the Maricopa Integrated Health System facilities).

- A new Quality Management System (QMS) was built to allow users at ASH to create Incident Reports electronically and for reports to be generated using this database for quality improvement opportunities.

- Continuing to improve on the hospital-wide fire and smoke detection and suppression system. Phase II of a III phase project was kicked off this year to promote our commitment to patient and staff safety.

- The campus power plant received a new centrifugal chiller to assist with the production cold water for the units and provide cool air for the patients and staff during the Arizona summers. This project also included a new system to assist with the control of the heating and cooling of the units from a centralized area.

Hospital-wide Condition of Existing Equipment

Over the past fiscal year, ASH monitored the equipment for performance and efficiency and outlined the capital equipment needs in the 2017 CIP report that provided insight as to needed equipment for operations. This report focuses on the equipment that is coming closer to end of life and will need attention in the near future:

- Power plant boiler replacement – failing equipment is scheduled to be replaced with multiple heat condenser units in the power plant.

- Chiller replacements – the power plant is also in need of two replacement chillers to provide a reliable source of cooling capacity that will adequately meet our demands during the summer months.

- Cooling Towers – the addition of two new cooling towers will assist the power plant and the cooling system in a more energy efficient process that will also provide ASH with additional cooling capacity in warmer temperatures.

Strategic Initiatives

During this fiscal year, ASH continues to work on the strategic initiatives that were developed in 2014. The strategies were developed with input from all levels and disciplines of staff. The focus of these initiatives was a culture of safety to improve patient and resident outcomes. Below are some of the milestones achieved since their inception. *Note:* These initiatives will be revised in fiscal year 2016.

Strategic Initiatives – 2014-2015	
Strategy	**Milestones**
Strategy 1 – Create a safe campus by improving staff and patient safety by clarifying visitation procedures, improving contraband control, and increasing safety and training drills.	• New visitation policy was approved by ASH that clarifies processes for patients and visitors • Additional cameras were added to the Civil Hospital and upgraded cameras were added to the Forensic Hospital.
Strategy 2 – Coordinate care for patients and residents by improving patient outcomes through revised treatment plans and plan participation, medication use and improved progress note process.	• A new electronic Medication Administration (eMAR) was implemented. 100% of available nurses were trained on this document. • Nursing Care Plans were instituted to ensure those issues that are ever-changing and/or need additional attention/care from nursing are addressed and documented in real time. • Electronic versions of several nursing assessment forms have been implemented.
Strategy 3 – Connecting with the community by educating and outreaching to the community to increase awareness about the hospital and mental health.	• ASH has expanded its tour schedule to the community and increased the number of schools and other organizations who have attended these tours.
Strategy 4 – Maintaining continual compliance with CMS, The Joint Commission, and licensing by improving processes, policies, and Quality Management.	• ASH has added additional resources to the Quality Resource Management team including: a Quality Assurance Manager; four Quality Assurance Specialists; a Performance Improvement Manager; two Performance Improvement Specialists; a Chief Compliance Officer; a Compliance Manager; a Policy Manager; and a Policy Specialist.

Strategic Initiatives – 2014-2015	
Strategy	**Milestones**
	• ASH's deemed status was restored after the ADHS Division of Licensing survey on 7/24/15 resulted in findings that ASH is in compliance with Medicare Conditions of Participation (CoPs). • The Joint Commission granted a decision of accreditation for ASH, effective October 2014 through October 2017. • ASH's Plans of Correction, developed in accordance with CMS and ADHS Division of Licensing requirements, were approved; ASH's Plans of Action, developed through a self-assessment process (Focused Standard Assessment), were reviewed and approved by the Joint Commission.
Strategy 5 – Increase communication with internal and external customers.	• ASH has developed a new computer based Incident Report system that will allow internal communication to improve by faster and more efficient report reviews. This will also improve the communication with external regulatory bodies that need this information to maintain compliance.
Strategy 6 - Recruit and retain high quality employees by improving processes, training, and increasing internships.	• Over the past year, ASH has held 3 job fairs on campus that produced 22 staff.

Promoting Quality Care

ASH has undergone major renovations this past year in an effort to focus on quality care for the patients. The goal of this transformation is to focus on patient needs while creating an environment of quality and transparency that promotes a positive culture throughout ASH. These changes will also promote established goals to recruit and retain talented staff, increase productivity by leveraging technology, improve communication and cultivate collaboration and creativity throughout the organization. ASH has overhauled some major processes and continues to focus on Recovery based treatment:

- *Further revising the roles and responsibilities of Campus Support and Safety* to focus on ensuring a safe environment for staff, patients and visitors alike. Campus Support Staff are no longer the first responders during patient behavioral episodes, but will have 'rovers' that will help the direct care staff manage behavioral episodes.

- *Continuing to Improve the Patient and Family Experience* by implementing a process that includes patient voice, choice and self-advocacy, and promoting healing and trusting relationships. Family members provide feedback on services and are provided with education on specific topics related to mental health. Patients are members of certain ASH committees including Human Rights Committee (HRC) and patient focused forums that hospital administration attends to hear concerns and suggestions from the patients.

- *Implemented a new response for patients experiencing a behavioral crisis* called Non-Violent Crisis Intervention (NVCI) developed by the Crisis Prevention Institute (CPI). All direct care staff are trained and continue to participate in monthly drills and annual re-training. The goal of NVCI is to intervene early before a situation becomes critical. It also addresses how staff can deal with their own stress, anxieties, and emotions when confronted with challenging situations.

- *Continuing to improve the program by utilizing a nursing staffing acuity and effectiveness plan* that provides a process for nursing staff to adjust staffing based upon the behavior of individual patients.

- *Expanded programming for patients* including development of a new activity/drop in center and new unit programing. More programming was added on nights and weekends and on units.

- *Focused on Recruitment, Retention and Training* to reduce the amount of time between interviews and hire date and retain talent in the hospital.

Commitment to Quality Care

Quality care must be sustained on an ongoing basis. Quality requires analyzing what works and what could be done better on a daily basis. It also requires identifying areas for improvement. The Quality management department presents data to committees and leadership for discussion of findings and program improvement. ASH also collects data on a monthly basis for seclusion, restraint, "Code Gray," assaults, self-harm and falls. The data is used to measure progress and identify quality improvement activities. Below is the summary data for fiscal year 2015:

Civil Summary - FY15									
Mon	Seclusion	Mechanical Restraint	Physical Holds	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed	Falls Witnessed
Jul	6	36	47	44	15	10	45	3	8
Aug	9	36	44	37	15	14	23	3	12
Sep	6	37	44	43	18	18	30	5	10
Oct	9	40	60	46	15	16	46	1	6
Nov	4	14	39	33	19	28	34	2	8
Dec	4	11	27	17	10	27	16	2	4

Civil Summary - FY15									
Mon	Seclusion	Mechanical Restraint	Physical Holds	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed	Falls Witnessed
Jan	4	16	44	28	16	15	17	3	3
Feb	13	35	61	50	12	13	20	2	4
Mar	12	22	47	50	12	16	33	2	7
Apr	22	29	61	55	14	16	21	2	7
May	15	37	74	70	12	14	28	3	5
Jun	20	46	77	84	17	25	46	6	5
Total	**124**	**359**	**625**	**557**	**175**	**212**	**359**	**34**	**79**

Forensic Summary - FY15									
Mon	Seclusion	Mechanical Restraint	Physical Holds	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed	Falls Witnessed
Jul	0	0	2	4	3	0	3	2	1
Aug	1	2	4	15	7	0	12	2	0
Sep	2	6	9	14	5	1	5	2	1
Oct	1	4	11	10	3	4	5	2	0
Nov	0	1	11	7	1	2	1	2	3
Dec	3	1	2	3	1	1	1	0	0
Jan	0	3	5	5	2	2	2	0	1
Feb	2	2	3	12	3	1	4	0	0
Mar	8	4	13	16	1	3	3	1	1
Apr	4	4	6	9	2	0	1	2	2
May	7	5	7	15	0	2	4	0	1
Jun	0	0	3	4	1	0	0	1	1
Total	**28**	**32**	**76**	**114**	**29**	**16**	**41**	**14**	**11**

Seclusion:

- There were a total of 152 seclusion episodes with a total of 187 hours and 45 minutes.
- For the Civil Hospital, there were 36 unique patients with a seclusion episode equating to 26.6% of the patients secluded.
- For the Forensic Hospital, there were 9 unique patients with a seclusion episode equating to 5.9% of the patients secluded.

Restraint:

- There were a total of 1,092 restraint episodes, 701 physical holds and 391 mechanical restraints. This resulted in a total of 675 hours and 25 minutes for ASH; 579 hours and 22 minutes for Civil and 96 hours and 3 minutes for Forensic.
- For the Civil Hospital, there were 63 unique patients with a restraint episode equating to 46.6% of the patients restrained.
    - Physical Hold Restraint: 63 unique patients, 46.6%
    - Mechanical Restraint 46 unique patients 34.1%

Physical and Mechanical Restraints combined had a total of 63 unique patients, which means that each unique patient accounted for under the Mechanical Restraints was also accounted for under the Physical Restraints.

- For the Forensic Hospital, there were 19 unique patients with a seclusion episode equating to 12.5% of the patients restrained.
    - Physical Hold Restraint: 18 unique patients, 11.8%
    - Mechanical Restraint 8 unique patients, 5.3%
- Physical Hold and Mechanical Restraints combined had a total of 19 unique patients, which means that each unique patient accounted for under the Mechanical Restraints was also accounted for under the Physical Hold Restraint analysis.

ASH also compares its data with other *Western Psychiatric State Hospitals* (WPSHA).
Regarding comparison to the WPSHA partners, ASH's seclusion rate fared as follows:
Per 1000 patient days, ASH has the 5th lowest rate of the WPSHA hospitals with 24 hospitals participating. Regarding comparison to the WPSHA partners, ASH's restraint rate fared as follows:

- Per 1000 patient days, ASH has the 11th lowest rate of the WPSHA hospitals with 24 hospitals participating.

Hospital Budget

ASH's budget for fiscal year 2015 is summarized below:

ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 2015

Funding Sources (General Operations Based on Budget Allocations): *		
	Personal Services and Related Benefits - General Fund	$38,291,621
	All Other Operating - General Fund/Az State Hosp Fund	$16,312,911
	Restoration to Compentency - Az State Hosp Fund	$900,000
	Rental Income	$527,248
	Endowment Earnings	$650,000
	Patient Benefit Fund	$145,000
	Acptc Patient Benefit Fund	$20,000
	Non-Title 36 Revenue	$74,256
	Donations	$30,000
	Emergency Preparedness	$91,371
	AzSH Forensic Unit Debt Service	$3,111,700
	ACPTC (Arizona Community Protection Treatment Center)	$9,731,711
	Total Funding	$69,885,818
Expenditures: *		
	Personal Services and Related Benefits	$46,478,645
	Professional and Outside Services **	$11,846,922
	Travel (In-State)	$89,432
	Travel (Out-of-State)	$4,821
	Other Operating	$9,048,569
	Capital Equipment	$69,850
	Total Cost of Operations	$67,538,239
Collections :		
	Patient Care Collections to General Fund	$750,308
	Patient Care Collections to Az State Hosp Fund - RTC	$975,636
	Patient Care Collections to Az State Hosp Fund - Title XIX	$923,491
	Patient Care Collections to Az State Hosp Fund - ACPTC	$2,838,374
	Non-Patient Care Collection to General Fund	$5,751
	Total Collections	$5,493,560

* Through FYE June 30th

** Contract Physicians, Outside Hospitalization Costs, Outside Medical Services, and privitization of support services.

Daily Costs by Treatment Program:		
AzSH	Specialty Rehabilitation	$818
	Psychosocial Rehabilitation	$659
	Forensic - Restoration to Competency	$668
	Forensic Rehabilitation	$672
	Average	$690
	Rates became effective 1/01/15.	
ACPTC	LRA 1-5 (Less Restrictive Alternative)	$296
	LRA 6	$434
	LRA 6 Community	$199
	Pre-Trial	$295
	Treatment	$296
	LOA (Leave of Absence for Medical Inpatient)	$442
	Rates became effective 07/01/14.	